

Wyoming Department of Health

**Report to the Joint Appropriations Interim Committee and the
Joint Labor, Health and Social Services Interim Committee**

Mental Health and Substance Abuse Quality Improvement, 2006 General Session, Chapter 40, Section 10, House Enrolled Act No. 21

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MENTAL HEALTH AND SUBSTANCE ABUSE QUALITY IMPROVEMENT

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Section 1. Executive Summary

Specific Requirements of Statute

Section 10 of the Enrolled Act No. 21 of the 2006 Budget Session requires the Wyoming Department of Health, Behavioral Health Division (the Division) to submit mental health and substance abuse quality improvement reports to the Joint Appropriations Interim Committee and the Joint Labor, Health and Social Services Interim Committee.

Response to Specific Requirements of Statute

The Division is required to negotiate specific system performance measures and client outcomes with service providers that include: (1) access to quality of core and regional services; (2) changes in employment and residential status of clients; and (3) cost-effectiveness of services. Performance measures for Fiscal Year 2013 (FY13) are shown in Table 1, below.

Table 1: Enrolled Act 21 Quality Improvement Program Monitoring Results (FY13)

Performance Measure	Status	Source
Effectiveness		
Percent of clients satisfied with service	67.3% (Mental Health) 71.2% (Substance abuse)	Consumer Survey
Percent of clients who increased their Global Assessment of Functioning (GAF) scores by more than five points	55.41% (MH) 71.2% (SA)	WCIS
Efficiency/Cost Effectiveness		
Average cost per client (MH)	\$1,426	HealthStat
Average cost per client (SA)	\$1,646	HealthStat
Appropriateness		
Percent of clients who felt treatment was appropriate	86.2% (MH) 76.6% (SA)	Consumer Survey
Quality		
Percent of clients who were satisfied with quality of treatment	89.7% (MH) 81.6% (SA)	Consumer Survey
Access		
Percent of clients who felt access to services was adequate	83.9% (MH) 76.6% (SA)	Consumer Survey
Statewide penetration rate ¹ (SA)	1.20% (SA)	WCIS
Statewide penetration rate (MH)	2.78% (MH)	WCIS
Employment Status		
Clients currently employed (MH)	31.58%	WCIS
Clients currently employed (SA)	43.69%	WCIS
Residential Status		
Clients living at home (MH)	83.93%	WCIS
Clients living at home (SA)	78.25%	WCIS

**year to date data at the time of writing this report*

¹ Penetration rate indicates the percent of a provider's catchment area population

These measures are the outcome expectations in the FY13 outpatient and residential treatment contracts. Targets were monitored through the Performance Outcome and Management Improvement (POMI) group on a weekly basis. As of July 10th, 2013, thirteen out of seventeen substance abuse outpatient agencies met their performance targets; five out of five substance abuse residential agencies met their performance targets; and all mental health outpatient agencies met their performance targets.

Additional information on other quality-related domains -- certification, training, critical incidents and complaints/investigations – is provided in Section 3.

Section 2. Specific Requirements of Statute

Section 10 of the Enrolled Act No. 21 of the 2006 Budget Session requires the Wyoming Department of Health, Behavioral Health Division to submit quality improvement reports to the Joint Appropriations Interim Committee and the Joint Labor, Health and Social Services Interim Committee no later than October 1 of each year. The Act specifically states:

The department of health, mental health division, shall establish a statewide quality improvement program which will systematically monitor the effectiveness, efficiency, appropriateness and quality of mental health care and services. The department of health, mental health division shall negotiate with service providers specific system performance measures and client outcome measures utilized on the statewide quality improvement program, to include, but not limited to, access to and quality of core and regional services, changes in employment and residential status of clients, and cost effectiveness of services. The department shall structure its contracts with community mental health centers with whom it has contracts to ensure necessary client data is reported uniformly. The contracts shall specify what services will be provided under the contract and outcome measures achieved to determine the extent of statewide needs, based on regional reports received. Quality improvement reports shall be provided to the joint appropriations interim committee and the joint labor, health and social services interim committee no later than October 1 of each year, beginning October 1, 2007.

Section 3. Response to Specific Requirements of Statute

As part of contract management, the Division must ensure both fiscal accountability for services delivered and improvements in the outcomes of clients who received those services. This report focuses on program expenditures and quality improvement results occurring throughout FY13 for State funded mental health and substance abuse services throughout Wyoming's communities.

Outcomes Development

The Division has had a longstanding relationship with the Wyoming Association of Mental Health and Substance Abuse Centers (WAMHSAC) and works collectively with this provider group to determine relevant outcome measures, funding strategies, and treatment gaps. During FY13, the Division and WAMHSAC articulated a set of 11 outcome measures specifically designed to track treatment service performance according to four domains: efficiency, effectiveness, access, and client satisfaction. These measures were included in the FY13 treatment contracts and the Division used the Wyoming Client Information System (WCIS) to collect and report outcome and performance metrics based on the data submitted by our funded providers. Ultimately, the Division produced 21 program evaluation reports, one for each community mental health and/or substance abuse agency receiving funding from the Division as well as one comprehensive statewide program evaluation report (Table 1, below).

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**year to date data at the time of writing this report*

Standards and Certification:

In addition to tracking outcomes, the Division is required to certify any person or agency that provides treatment services to court-referred clients or those that receive State dollars. Substance abuse treatment providers are certified to be in compliance with the Rules and Regulations for Substance Abuse Services, Chapters 1-8. Certification reviews are conducted and monitored through the Center for the Application of Substance Abuse Technologies (CASAT). The Division is transforming the current certification process to include national accreditation (e.g., Commission on Accreditation of Rehabilitation Facilities (CARF)) as a conduit to certification for State funded providers.

With the development of a footnote to the Wyoming Department of Health Appropriations Committee during the 2012 Legislative Session, all funded substance abuse providers are required to obtain a national accreditation by December 31, 2013. Prior to the 2012 footnote, the providers were only required to obtain a national accreditation relative to their mental health treatment services. The Division anticipates that this mandate will be met with all Division funded providers being in compliance with the 2012 Legislative Session footnote by December 31, 2013.

Certification reviews for non-funded substance abuse treatment providers that treat court referred clients are required by statute and are conducted on-site and managed through the Division's certification program. Certifications are conducted when a new community provider is established, when re-certifications are due or when certifications are based on corrections or probationary terms and providers are in need of regulation compliance checks. The Division is currently in the process of developing an internal certification process for the purpose of bringing regulatory oversight to an internal streamlined process for all providers. The actual field work has historically been contracted to an outsourced contractor; however, the Division will no longer be contracting for certification reviews as of December 31, 2013.

Accreditation reviews are arranged directly between the provider and the national accreditation body and are paid for with funding from the Division. Each provider is required to provide the Division with a copy of their survey review documentation and any subsequent Quality Improvement Plan they must submit back to the accrediting program. Providers are also required to submit to the Division any other required reporting components.

The Division is in the process of a significant rule revision with the anticipation that all other relevant sets of rules currently on file with the Wyoming Secretary of State's Office will be repealed in tandem with the promulgation process. It is further anticipated that with the promulgation of the new rules that the regulatory burden will be decreased by approximately 75 percent.

Table 2: Overview of FY13 Substance Abuse certification

Certified Treatment and Providers	57
New Providers	12
Number of Treatment Sites	52
Corrective Action Plans	2
Re-certifications	45
Levels of care certified	287

Table 3: Overview of FY13 Accreditation

Mental Health Treatment Services only	2
Substance Abuse Treatment Services only	10
Mental Health and Substance Abuse Treatment Services	12

Clinical and Administrative Provider Training:

Because training is an essential component to improving quality, the Division contracted with CASAT to provide training throughout FY13. The contract required a Training Needs Assessment prior to developing a calendar with training topics. A Needs Assessment was also conducted between August and September 2012. CASAT launched a training website to facilitate web-based trainings with the first training for FY13 in October 2012. FY13 training outputs are listed in Table 4, below.

Table 4: FY13 Training

Total Participants	471
Continuing Education Unit's Awarded	1,528

Complaints and Investigations:

The Division established a comprehensive Complaint and Investigation Policy per the direction of the Rules and Regulations for Substance Abuse Standards, Chapters 1-8, and the Behavior Health Personnel and Program Quality (1992) rules. It is always the recommendation of the Division to encourage resolution on the local level or through the services of the Mental Health and Substance Abuse Ombudsman Program. However, when issues arise that are not resolved or are more complicated in nature, the Division works to resolve complaints for the best possible outcome.

During FY13, the Division monitored one provider placed on a Corrective Action Plan (CAP) during Fiscal Year 2012 (FY12).

The Division has a complaint and investigation team that includes the Quality Management Program Manager, the Division Psychiatric Consultant, and other experts required to manage any specific issues or concerns that is leveraged in a complaint. The objective is to establish a team that has the expertise and objectivity to evaluate the concerns in the most productive and professional manner possible. Typically, an on-site review with the agency involved is necessary to interview relative staff, agency management and clients. The Division seeks the guidance and expertise of the WDH

leadership, as well as the Wyoming Attorney General's Office. During FY13, the Division did not investigate any major complaints. All complaints received were managed effectively through referral to the provider agency involved or the Substance Abuse and Mental Health Ombudsman's Office.

Critical Incidents

As a component of quality management, providers are required to report critical incidents to the Division per a contract deliverable. They are also required to submit certain critical incidents to their accrediting authority and Medicaid. The Division has developed a monitoring plan to track trends over time to allow for informed decision making processes regarding targeted technical assistance specific to the needs of particular providers and regions.

Table 5: FY13 Critical Incidents reported

Suicide	9
Suicide Attempt	13
Drug Overdose	3
Death (natural cause or unknown)	36
Medical Emergency	7

Critical incident reports were not received by six agencies, one report was received by seven agencies, and more than one report was received by seven agencies

Section 4. Recommendations for Future Changes

Strategic planning initiatives within the Division have identified the FY14 scope of mental health and substance abuse treatment programs, projects, and initiatives throughout the state. It is recommended that the Quality Management Program remain an important program within the Division to provide on-going management and reporting of treatment outcomes and program evaluations.

Section 5. Detailed Supplementary Information

Scope and Impact of Mental Health Disorders in Wyoming

The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that about 24,200 adults in Wyoming have a serious mental illness and about 5,200 children have a serious emotional disturbance. Community mental health centers (CMHCs) treated 16,681 clients during FY13². Seventy percent of people treated were 18 years of age or older, fifty-five percent were female and twenty-one percent were currently married. Fifty-three percent of all mental health clients were referred by family/friends or by self-referral. The most pressing problem for people entering treatment services centered on depression and other affective disorders. The number of clients

² Year-to-date data used. This is not a complete picture of the number of clients seen in CMHCs for FY13.

decreased slightly from FY12. The number of people reporting income less than \$10,000 per year remained stable at 20 percent in FY13. All other demographics remained approximately the same.

Scope and Impact of Substance Abuse Disorders in Wyoming

According to SAMHSA, approximately 31,000 people in Wyoming have a substance abuse disorder. Community substance abuse centers (CSACs) served 7,080 persons³ in FY13 compared to 7,475 in FY12. Seventy-nine percent of persons served were 22 years of age or older, sixty-seven percent were males, less than seventeen percent were currently married. Nineteen percent of people served reported incomes under \$10,000 per year. Over 59 percent of persons served were referred to treatment by the legal system and 60 percent reported alcohol as the primary drug used. Marijuana was the next most used drug at 20 percent.

Fiscal Highlights for the Behavioral Health Division

The Division is responsible for a biennium budget of \$228,124,603. This includes oversight of developmental disabilities programs, the Wyoming State Hospital, the Wyoming Life Resource Center and all mental health and substance abuse programs.

In FY13, 24 mental health and substance abuse treatment contracts were executed for a total of \$53,920,783. These are listed below in Table 6. There were six types of treatment contracts managed: general outpatient and residential for mental health and substance services, crisis stabilization, mental health special projects and drug courts. Drug court funding is not inclusive in the table below.

The Division primarily contracts with community mental health and substance abuse centers; significant enhancements were made in FY13 to the application process and contract requirements to reduce reporting burden and increase provider and Division accountability. Contracts were closely monitored by the Division Quality Management and Outcomes Unit and the bi-monthly Outcome Management Group that included data and fiscal staff.

Table 6: Contract amount by program

\$48,467,561	Mental Health and Substance Abuse Outpatient and Residential
\$552,500	Mental Health and Substance Abuse Peer Specialists
\$1,580,821	HB308 Substance Abuse Services
\$1,045,743	Mental Health Crisis Stabilization Services
\$417,790	Special Programs
\$1,856,368	Mental Health and Substance Abuse Quality of Life

State Funded Mental Health Treatment Programs

³ Year-to-date data used. This is not a complete picture of the number of clients seen in CSACs for FY13.

Over 16,681 clients were provided State funded mental health treatment services in FY13.

- Forty-five percent of clients were male.
- Approximately 34 percent had a co-occurring substance abuse disorder.
- Fifty-three percent of clients served were referred for services by family, friends, or self-referrals; four percent were referred from a court.
- The most frequently-delivered outpatient service was Agency-based Individual and Family Therapy (26 percent of all outpatient services delivered).
- Twenty-eight percent of clients were less than 18 years old; sixty-five percent were adults up to age 59; less than seven percent were senior citizens.

Table 7: Factors presenting problems at admission for all mental health clients

Alcohol and drugs	4%
Legal Issues	3%
Evaluation	2%
Depression and anxiety	28%
Social	16%
Marital and family concerns	18%
Coping	21%
Other	8%

Note: Providers have until August 15, 2013 to submit their finalized data. The data reported above is year-to-date as of July 1, 2013.

State Funded Substance Abuse Treatment Programs

Over 7,080 clients were provided State funded substance abuse treatment services in FY13.

- Sixty-eight percent of clients were male.
- Approximately 46 percent had a co-occurring mental health disorder.
- Twenty percent of clients served were referred for services by family, friends, or self-referrals; thirty-six percent were referred from a court.
- The most frequently-delivered outpatient service was Intensive Group Therapy and Group Therapy (74 percent of all outpatient services delivered).
- Thirteen percent of clients were IV drug users.
- Eight percent of clients were between 12-17 years old; eighty-nine percent were adults up to age 59; less than three percent were senior citizens.
- Primary Residential Treatment served approximately 2, 2229 clients in FY13.

Table 8: Factors presenting problems at admission for all substance abuse clients

Alcohol and drugs	71%
Legal issues	12%
Evaluation	3%
Depression and anxiety	4%
Social	4%
Marital and family concerns	2%
Coping	3%
Other	1%

Note: Providers have until August 15, 2013 to submit their finalized data. The data reported above is Year to Date as of July 1, 2013.

Section 6. Appendices

Not applicable.